

REQUEST FOR IDEA SERVICES
FOR
ELIGIBLE NONPUBLIC SCHOOL STUDENTS WITH DISABILITIES

Student's Name: _____ Parent Phone Number: _____

Parent's Name: _____

Home Address: _____

Nonpublic School or Where the Student Attends:

Person/Agency Making the Referral: _____

Agency Contact: _____ Phone Number: _____

Services Being Requested: _____

Summarize the student's need for the services being requested and attach documentation (e.g., evaluations, teacher reports, work samples, parent information)

Nonpublic school students with disabilities are provided state funded (Chapter 193) speech-language services and supplemental instruction through the district in which the nonpublic school is located (host district). Nonpublic school students with disabilities may also receive services through their district of residence, which is required to spend a proportionate share of its federal special education funds for services to students with disabilities enrolled in nonpublic schools. As nonpublic school students are evaluated and determined eligible through the host district (or a provider agency under contract with the host district), the purpose of this form is facilitate a request for services from the district of residence. Parents of nonpublic school students who have been determined eligible for special education and related services or public education agencies serving eligible nonpublic school students with disabilities may submit the completed form to the district of residence for review.

Parent Signature: _____ Date: _____